

City of Kansas City, Mo.
Neighborhoods and Housing Services Department
Regulated Industries Division
635 Woodland Ave., Suite 2101
Kansas City, MO 64106
(816) 513-4561

Tire Dealer Permit Application

Please type or print the following information

applicant's name	e				
applicant's addr	ess				
Street			City	State	ZIP
BA business na	ame			Phone	
usiness address	s				
1	Street	. 1	City	State	ZIP
applying as a	[] sole owner	[] corporation	[] limited liability	ty company	[] partnership
*The d	lesignated agent will be the i	ndividual authorize	ed to receive notificatio	ns that may be issu	ed by the City
Designated agen	it's name		Date of birth		
esignated agen	t's street address				
`ity	State	e ZIP	Home pl	hone	
Mobile phone _		B	usiness phone		
esignated agen	it's e-mail address				
. Proposed da	ys and hours of operation th	ne business will be	open to the public		
[] Monday	[] Monday				
[] Wednesday		[] Thursday			
	[] Friday				
			[] Saturday		
[] Friday _			[] Saturday		
[] Friday _ [] Sunday _					
[] Friday _ [] Sunday _ . Missouri sale		ess			
[] Friday _ [] Sunday _ . Missouri sale . Do you rent	es tax number of the busine	ess ves [] no If yes,	provide the following	g information	
[] Friday [] Sunday Missouri sale . Do you rent a. Landlore	es tax number of the busine or lease the premise? [] y d's name d's address	ess ves [] no If yes,	provide the following	g information Phone	
[] Friday [] Sunday Missouri sale . Do you rent a. Landlore b. Landlore	es tax number of the busine or lease the premise? [] y d's name d's address	ess ves [] no If yes,	provide the following	g information	
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	t the names with the number of shares and percentages held by each stockholder who holds 10 percent or more of the bital stock (attach additional sheet if needed)				
	If the business is a limited lia	bility company, complete this section			
7. Name	e of limited liability company				
Stat	e of organization	Date of organization			
8. List t	he names of all members and percentages of each	LLC member's interest:			
	If the business is a par	tnership, complete this section			
9. List r ——	names of general and limited partners and the number	ber of units owned by each (attach additional list if necessary):			
	Additional disclosures when corpora	ntion or LLCs are members may be required			
changes	o report promptly any changes in the information	n provided with this application, and I understand that any and all usiness cannot occur prior to obtaining the approval of the director			
search, a		gator who may have legal authority of the purpose of inspection or icles which may be in violation of the ordinances of the City of			
	amiliarized myself with the provisions of Chapter comply with these provisions in the conduct of thi	62 of the code of ordinances of the City of Kansas City, Mo., and s business.			
	ave read the application and fully understand sats contained therein and the same are true.	, being of lawful age and duly sworn upon my oath, declare ame and that I know the contents thereof and the answers and			
	Applicant's signature				

Office use only – Do not write in space below

	INVESTIGATOR		
Date tires sold (if applicable)			
Date application received			
Date case completed			
Application recommended for: [] Approve	al [] Disapproval	Date:	
Reason(s) for recommendation of disapproval	of application / license (if any)	
License recommended for: [] Approval	[] Disapproval	Date:	
Regulated Industries Division Investig			
	VESTIGATIONS SUPERV		
Application recommended for: [] Approve	al [] Disapproval	Date:	
License recommended for: [] Approve	al [] Disapproval	Date:	
Comments:			
Regulated Industries Division Investigation	ns Supervisor		
	MANAGER		
This application & license is hereby [].	Approved [] Disap	proved	
Comments:			
Regulated Industries Division Manag	er Date		